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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/826,216

Attorney Docket No.: PMR-105

Filing Date: 4/16/2004

Art Unit: 1712

Applicants: Leonid Rappoport *et al.*

Examiner: Jeffrey Robertson

Title: Poly ((Polythioalkyl)Esters) Their Applications and Derivatives

CERTIFICATE OF MAILING

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Mail Stop Non-Fee Amendment

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Sylvia Lee
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RESPONSE TO ELECTION/RESTRICTION REQUIREMENTS

Mail Stop Non-Fee Amendment

Commissioner for Patents

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Sir:

In response to the Office Action mailed on February 8, 2005, kindly amend the above-identified application as follows.



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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/826216	
	Filing Date	4/16/2004	
	First Named Inventor	Leonid Rappoport	
	Art Unit	1712	
	Examiner Name	Jeffrey Robertson	
Total Number of Pages in This Submission	6	Attorney Docket Number	PMR-105/US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="text"/> Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Katharina Wang Schuster, Reg. No. 50,000	
Signature	<i>Katharina Schuster</i>	
Date	Feb. 25, 2005	

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Signature	<i>Sylvia Lee</i>	Date 2/25/05

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